

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

William D Reynolds
7013 State Route 221
Georgetown, OH 45121

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

7001 2510 0008 6348 5529

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY		
A. Signature <i>Carl Wren D Reynolds</i>		
<input checked="" type="checkbox"/> Agent		<input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>Carl Wren D Reynolds</i>		
C. Date of Delivery <i>8/14/06</i>		
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No		
3. Service Type		
<input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		